

Surveillance Guidelines for Avian Influenza A (H5N1) Human Cases in California



California is in a key location to be one of the first states possibly affected given its many ports of entry and frequent traffic from Asia. Surveillance for influenza is important to rapidly identify the importation of pandemic strains into California.

The California Department of Public Health (CDPH) recommendations for avian influenza A (H5N1) remain at the enhanced level established in February 2004. Enhanced surveillance efforts by clinicians, hospitals, and local and state health departments will help identify patients at increased risk for influenza A (H5N1) infection.

All health care providers should consult with their local health department when assessing a suspect case for advice on diagnostic testing and specimen submission using the following guidelines.

CDPH Surveillance Criteria for Influenza A (H5N1) Infection:

Testing for avian influenza A (H5N1) is RECOMMENDED:

A patient who has an illness that requires **hospitalization** or is **fatal**; **AND** has a documented fever $>38^{\circ}\text{C}$ (100.4°F); **AND** has radiographically-confirmed pneumonia, acute respiratory distress syndrome (ARDS) or other respiratory illness with no alternate diagnosis established; **AND** has at least **one** of the following exposures within 10 days of symptom onset:

A. Travel to an area with documented avian (H5N1) influenza¹ in poultry², wild birds and/or humans with at least one of the following:

- Direct contact with (e.g. touching) sick or dead domestic poultry²; OR
- Direct contact with surfaces contaminated with poultry² feces; OR
- Consumption of raw or incompletely cooked poultry² or poultry² products; OR

- Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1; OR
- Close contact (within 1 meter or 3 feet) of a person who was hospitalized or died due to unexplained respiratory illness.

OR

B. Close contact (within 1 meter) of an ill patient who was confirmed or suspected to have H5N1;

OR

C. Worked with live influenza H5N1 virus in a laboratory.

TESTING ON A CASE-BY-CASE BASIS IN CONSULTATION WITH THE LOCAL HEALTH DEPT SHOULD BE CONSIDERED:

- A hospitalized or ambulatory patient with mild or atypical disease (e.g., diarrhea or encephalitis without respiratory disease) with one of the above exposures (A, B, or C)

OR

- A patient with severe or fatal respiratory disease whose epidemiological information is uncertain, unavailable or suspicious, but does not meet criteria listed above (e.g. returned traveler from an affected country with unclear exposure, or with contact with well-appearing poultry²)

1. For a list of affected countries, visit the Web site of the [World Organization of Animal Health \(OIE\)](#) and click on "GRAPH" at the top of the page.

2. The definition of poultry is: domestic fowls, such as chickens, turkeys, ducks, or geese, raised for meat or eggs.

For any cases meeting the above criteria, contact your local health department. Local health departments should fill out the [CDPH Screening Form for Suspect Avian \(H5N1\) Influenza](#) and report any suspect or laboratory-confirmed case to the CDPH VRDL or Duty Officer of the Day immediately.